Choosing Wisely for Birth

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ABSTRACT

In this column, the editor of *The Journal of Perinatal Education* describes the American Academy of Nursing's engagement in the national Choosing Wisely campaign and how it has implications for promoting normal birth. The editor also describes the contents of this issue, which offer a broad range of resources, research, and inspiration for childbirth educators in their efforts to promote, support, and protect natural, safe, and healthy birth.

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I recently attended the annual meeting of the American Academy of Nursing (Academy), an organization dedicated to advancing health policy and practice. While there, the Academy announced its participation in the Choosing Wisely campaign, an initiative of the ABIM Foundation intended to spark conversations between providers and patients to ensure the right care is delivered at the right time. Participating organizations have created lists of "Things Providers and Patients Should Question," which include evidence-based recommendations that should be discussed to help make wise decisions about the most appropriate care based on a patient's individual situation (Choosing Wisely, 2014). As part of the campaign, the Academy released its list of five commonly used treatment approaches that are not always necessary or in the best interest of patient health. The first recommendation on the Academy list of "Five Things Nurses and Patients Should Question" is "Don't automatically initiate continuous electronic fetal heart rate (FHR) monitoring during labor for women without risk factors; consider intermittent auscultation (IA) first" (American Academy of Nursing, 2014, para. 1). The rationale provided for this recommendation is that

> *Continuous electronic FHR monitoring during labor, a routine procedure in many hospitals, is associated with an increase in cesarean and instrumental births without improving Apgar score, NICU admission or intrapartum fetal death rates. IA allows women more freedom of movement during labor, enhancing their ability to cope with labor pain and utilize gravity to promote labor progress. Upright positions and walking have been associated with shorter duration of first stage labor, fewer cesareans and reduced epidural use. (American Academy of Nursing, 2014, para. 1)*

This recommendation is certainly consistent with Lamaze International Healthy Birth Practice 4: "Avoid interventions that are not medically necessary," and also supports our Healthy Birth

We invite readers to respond to the contents of this journal issue or share comments on other topics related to natural, safe, and healthy birth. Responses will be published as a letter to the editor. Please send comments to Wendy Budin, editor-in-chief (wendy.budin@nyu.edu).

To review the American Academy of Nursing's list of "Five Things Nurses and Patients Should Question," see http://www.choosingwisely.org/doctor-patient-lists/american-academy-of-nursing/ and for more information about Choosing Wisely or to see other societies' lists of Five Things Providers and Patients Should Question, visit http://www.choosingwisely.org.

The Choosing Wisely campaign is an initiative of the ABIM Foundation intended to spark conversations between providers and patients to ensure the right care is delivered at the right time.

Practice 2: "Walk, move around and change positions throughout labor." How wonderful to see that other distinguished groups support what we believe and are helping to spread the word! Recognizing that patients need better information about what care they truly need to have these conversations with their providers, *Consumer Reports* (2014) is developing patient-friendly materials for dissemination through consumer groups to help patients engage their care providers in these conversations and empower them to ask questions about what tests and procedures are right for them. Stay tuned.

IN THIS ISSUE

For the first time, our "Celebrate Birth!" column shares the experience from the perspective of a sibling. Nora Gibbons, age 16 years, eloquently describes her experience attending the home births of four of her siblings. Nora's story captures the wonder and simplicity of home birth and demonstrates the impact the experience of being present at home birth can have on children.

The content of all JPE issues published since October 1998 is available on the journal's website (www.ingentaconnect.com/content/springer/jpe). Lamaze members can access the site and download free copies of JPE articles by logging on at the "Members Only" link on the Lamaze website (http://www.lamaze.org).

In this issue's featured article, "How Doula Care Can Advance the Goals of the Affordable Care Act: A Snapshot From New York City," Strauss, Giessler, and McAllister discuss how doula care meets each of the triple aims of the Affordable Care Act: improving health outcomes for all, improving the experience of care, and lowering costs by reducing non-beneficial and unwanted medical interventions. They argue that widespread availability of doula care could significantly reduce cesarean rates and increased access to community-based doula programs could reduce entrenched health disparities.

Tussey and her colleagues provide results of their randomized controlled study to determine whether the use of a "peanut ball" for women laboring with an epidural reduces the length of labor and increases the rate of vaginal birth. Findings indicated that women who used the peanut ball versus those who did not demonstrated shorter first-stage labor by 29 min and second stage labor by 11 min. The intervention was associated with a significantly lower incidence of cesarean surgery. These authors suggest that the peanut ball is potentially a successful nursing intervention to help progress labor and support vaginal birth for women laboring under epidural analgesia.

In a qualitative study describing institutional and cultural perspectives on home birth in Israel, Meroz and Gesser-Edelsburg describe doctors' and midwives' perceptions and misperceptions regarding home birth by examining their views on childbirth in general and on risk associated with home births in particular. Findings reveal that hospital midwives and doctors suffer from lack of exposure to home births, leading to disagreement regarding norms and risk. It also revealed sexist or patriarchal worldviews. Recommendations include improving communication between home-birth midwives and hospital counterparts; increased exposure of hospital doctors to home birth, creating new protocols in collaboration with home-birth midwives; and establishing a national database of home births.

Improving breastfeeding rates among Black women is a potential strategy to address disparities in health outcomes that disproportionately impact Black women and children. Fitzgerald describes a quality-improvement initiative aimed to improve perinatal case manager knowledge and self-efficacy to promote breastfeeding among Black, low-income women who use services through Boston Healthy Start Initiative. A positive change was observed in infant feeding knowledge and case manager self-efficacy to promote breastfeeding, and 100% of women participating initiated and continued breastfeeding at 1 week postpartum, and 92% were breastfeeding at 2 weeks postpartum.

In a survey of mothers in the Midwestern United States, Corrigan, Kwasky, and Groh explore the relationship between social support and postpartum depression to determine whether mothers overwhelmed with childcare, or overwhelmed with life in general since becoming a mother, sought professional help. The results revealed that screening for depression alone may not be sufficient, that mothers are willing to contact a professional for help in the postpartum period, and that assessments after birth should include a broader assessment of life's difficulties rather than focusing on childcare responsibilities alone.

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Finally, in an article describing reasons for expected provider type and childbirth setting, Arcia describes the reasons given by 220 nulliparous women aged 18–40 years old, living in the United States, and pregnant at 20 or fewer weeks' gestation for choosing a midwife versus physician, as well as reasons for choosing home versus hospital or hospital-based birth center for their birth setting. Women's reasons were categorized broadly as relating to provider/setting attributes, relationship with provider/setting, normative choices, respondent attributes, and practical considerations. Respondents' reasons highlight misconceptions about childbirth-care options, especially regarding midwifery and nonhospital settings, which may be addressed by childbirth education.

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